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** CONTINUING DATA *****
 NONE *AR*

** FOREIGN APPLICATIONS *****
 NONE *AR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	STATE OR COUNTRY VT	SHEETS DRAWING 5	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 5
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Verified and Acknowledged
 Examiner's Signature _____ Initials *AR*

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TITLE
 LIGHT SCATTERING EUVL MASK

FILING FEE RECEIVED 1446	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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